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Veröffentlichungsversion / Published Version
Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Pinto, A. C. S., Albuquerque, R. A., Martins, Á. K. L., & Pinheiro, P. N. d. C. (2017). Drugs under the perspective of young users in treatment situation. *Revista de Pesquisa: Cuidado é Fundamental Online*, 9(3), 824-30. <https://doi.org/10.9789/2175-5361.2017.v9i3.824-830>

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Drogas sob o olhar de jovens usuários em situação de tratamento*

Drugs under the perspective of young users in treatment situation

Drogas bajo la mirada de jóvenes usuarios en situación de tratamiento

Agnes Caroline Souza Pinto¹; Renata Alves Albuquerque²; Álissan Karine Lima Martins³; Patrícia Neyva da Costa Pinheiro⁴

How to quote this article:

Pinto ACS; Albuquerque RA; Martins AKL; et al. Drugs under the perspective of young users in treatment situation. Rev Fund Care Online. 2017 jul/sep; 9(3):824-830. DOI: <http://dx.doi.org/10.9789/2175-5361.2017.v9i3.824-830>

ABSTRACT

Objective: To promote, through the Circle of Culture, a critical and reflective space about drugs among young users undergoing treatment. **Method:** An active-research was developed, conducted in 2012, with ten young drug users, treated for addiction in the therapeutic community Teen Challenge of Ceara. The analysis and interpretation of results favored the discussion according to experiences lived in the group. **Results:** It was found that friends, family and curiosity were the main risk factors to come to try drugs, and that they now had a more critical view on drugs. **Conclusion:** It is necessary that health professionals approach the reality of young people, in order to visualize creative and active strategies throughout the teaching-learning process, that enable subject reflections on the search for solutions to the experienced problem-situations in an interactive manner.

Descriptors: Adolescent, Crack Cocaine, Health Education.

* Extracted from the dissertation "Circle of Culture with young users of cocaine/crack aimed at HIV/AIDS prevention", presented to the Post-Graduate Program in Nursing of the Federal University of Ceará (UFC) in 2013.

¹ Master in Nursing, PhD student at the Post-Graduate Program in Nursing at the Federal University of Ceará (UFC). Nurse of the Federal Institute of Education, Science and Technology of Ceará (IFCE). Fortaleza/CE, Brazil. E-mail: agnespinto@hotmail.com.

² Psychologist at the Federal Institute of Education Science and Technology of Ceará (IFCE). PhD in Collective Health at UECE/UFC/ UNIFOR. Fortaleza/CE, Brazil. E-mail: renata.alves.alb@gmail.com.

³ PhD Professor, Department of Nursing, Regional University of Cariri (URCA). Fortaleza/CE, Brazil. E-mail: alissankarine@gmail.com.

⁴ PhD Professor, Department of Nursing, Federal University of Ceará (UFC). Fortaleza/CE, Brazil. E-mail: neyva.pinheiro@yahoo.com.br.

RESUMO

Objetivo: Promover, por meio do Círculo de Cultura, espaço crítico-reflexivo acerca das drogas junto aos jovens usuários em situação de tratamento. **Método:** Desenvolveu-se pesquisa-ação, realizada em 2012, com dez jovens usuários de drogas, acompanhados para tratamento de dependência na comunidade terapêutica Desafio Jovem do Ceará. A análise e interpretação dos resultados privilegiaram a discussão conforme experiência vivida pelo grupo. **Resultados:** Constatou-se que os amigos, familiares e a curiosidade foram os principais fatores de risco para que viessem a experimentar as drogas, e que atualmente eles possuíam uma visão mais crítica sobre as drogas. **Conclusão:** É preciso que os profissionais de saúde se aproximem da realidade dos jovens, com o intuito de visualizar estratégias criativas e ativas ao longo do processo de ensino-aprendizagem, que possibilitem aos sujeitos reflexões sobre a busca por soluções para as situações-problema vivenciadas de forma interativa.

Descritores: Adolescente, Cocaína Crack, Educação em Saúde.

RESUMEN

Objetivo: Promover, a través del Círculo de Cultura, espacio crítico y reflexivo sobre las drogas entre los jóvenes usuarios en situación de tratamiento. **Método:** Desarrollado la investigación-acción, realizada en 2012 con 10 jóvenes usuarios de drogas, seguido de tratamiento de la adicción en el comunidad terapéutica Desafio Joven de Ceará. El análisis e interpretación de los resultados favorecieron la discusión ya que la experiencia vivida por el grupo. **Resultados:** Se encontró que los amigos, la familia y la curiosidad fueron los principales factores de riesgo para venir a probar las drogas, y ahora tenían una visión más crítica de la droga. **Conclusión:** Es necesario que los profesionales de la salud se aproximan a la realidad de los jóvenes, con el fin de ver las estrategias creativas y activas durante todo el proceso de enseñanza-aprendizaje, permitiendo a los sujetos reflexiones en la búsqueda de soluciones a las situaciones de problemas experimentados de manera interactiva.

Descriptores: Adolescente, Cocaína Crack, Educación en Salud.

INTRODUCTION

Young people represent the most obvious population in relation to drug use. In the last decades, epidemiological surveys were conducted on drugs among young people, especially among students. In Brazil, the most comprehensive studies are conducted by the Brazilian Center for Information on Psychotropic Drugs (CEBRID), which began in the 1980s, and up to the year 2010 there were six surveys among elementary and middle school students.

The VI Survey evaluated the use of drugs among 50,890 students from public and private primary and secondary schools in the 27 Brazilian capitals. Alcohol and tobacco are the drugs most prevalent in life, in all capitals, followed by inhalants. Students from private schools have a higher prevalence of drug use for life and year use patterns, but those from public schools show higher rates of heavy use when compared to those of private schools. Comparatively, there has been a decrease in drug use among students in the last six years. The only exception to this trend of recent decline in consumption was cocaine.¹

The misuse of alcohol and other drugs is the result of a multiplicity of factors. There are factors that converge to build the circumstances of abusive use, called risk factors. Thus, there are factors of the individual himself: dissatisfaction with life, curiosity, depressive symptoms and pleasure seeking; Family factors: parents who abuse drugs and/or suffer from mental problems; School factors: poor performance, social exclusion, poor link with colleagues and teachers; Social factors: violence and absence of work and leisure opportunities; Factors related to the drug: availability for purchase, advertisement that encourages and shows only the pleasure that the drug causes.²

On the other hand, there are factors that collaborate so that the individual, even having contact with the drug, is able to protect oneself, these are the protection factors. Thus, there are factors of the individual: skills to solve problems, autonomy and self-esteem developed; Family factors: parents who accompany their children's activities, establishing clear rules and behaviors; School factors: good performance, affective bonds with teachers and colleagues, and construction of a life project; Social factors: work and leisure opportunities; Factors related to the drug: rules and control for adequate consumption and contextualized information on effects.²

For the World Health Organization (WHO), the individual is more subject to drug use: a) without adequate information about drugs and their effects; b) poor health; c) dissatisfied with their quality of life; d) with a vulnerable or maladaptive personality; e) with easy access to drugs.³

The interrelation and interdependence between the adolescent user and the surrounding context is evident. Thinking about this web of vulnerabilities and the sociocultural determinants of drug use in a society certainly widens and makes the approach of this phenomenon more complex.⁴

The study on the behavior of adolescents towards drugs is of fundamental importance, since it is known that both the preventive measures and the statistics available in Brazil are insufficient to treat and size the problem. Thus, health professionals should approach the reality of young people in order to know the problem and participate not only in the elaboration, but also in the implementation of public policies and prevention and treatment programs for drug use/abuse, aiming at the maintenance of the satisfactory quality of life of adolescents.⁵⁻⁶

Thus, this study aimed to promote, through the Circle of Culture, a critical-reflexive space about drugs among young users in treatment situations.

METHOD

This is an exploratory and descriptive study with a qualitative approach, using action research.⁷ Participants were ten young drug users attended at the *Teen Challenge of Ceara* therapeutic community. For the selection of the subjects, the inclusion criteria were used: young people aged 15 to 24 years, male, users of treatment units/outpatient units for chemical dependents and who agreed to participate in the six Circles of Culture.

The information was produced from January to September 2012, through participant observation, a field diary, video image filming, photographic record and Circle of Culture steps.

The six Circles of Culture applied followed the phases of the theoretical method of Paulo Freire, and each Circle took place through three moments: In the reception, one went through the discovery of the vocabulary universe of drug users, with group techniques such as modeling, painting, drawings, videos, so that participants could talk about expectations, knowledge and previous circles. For the problematization, group techniques were used like the dramatization, the use of parodies, texts and videos with questions that favored the critical reflection of the reality. In the evaluation, we performed the synthesis of what was experienced in each Circle, through self-evaluation.

The educational action aimed at strengthening reflection on drugs and its complex relationship with the various factors that surround this issue. The sequence of the Circles of Culture was worked out from the following themes: Circle 1 Knowing the lives of young people with drugs; Circle 2 Vulnerability of young people to HIV/AIDS as drug users; Circle 3 The relationship between AIDS and drugs; Circle 4 Talking about HIV/AIDS prevention; Circle 5 What do we learn about AIDS? Circle 6 Synthesis of what was experienced.

Due to the size of the study that resulted from a dissertation started in 2011 and completed in 2013, this article is presented to the description of the first Circle of Culture, which had as its generating theme: getting to know young people living with drugs.

For the description and analysis of the data, the material contained in the footage was transcribed, the speeches were registered verbatim, the information in the field diary was observed and well as the photographic images. The interpretation of the results was evaluated by the user group, the researcher's experience and the dialogue with the literature, with an appreciation of theoretical foundations considered relevant and enriching for a critical study of popular discourse.

The study was based on the ethical and legal aspects of research involving human subjects and was approved by the Research Ethics Committee of the Federal University of Ceará (COMEPE), under protocol No 303/11.8. The Free and Informed Consent Form (FICF) was signed by the participants and their respective parents or legal guardians.

In this sense, the young people were identified by the term user (U), followed by the order number of their speeches.

RESULTS AND DISCUSSION

Description of the context of young users

In order to have access to the group of young people who composed the subjects of the research, initially the general coordination of the Young Challenge was sought, and then the coordination of the outpatient and hospitalization sectors, to clarify the objectives of the study and to request their consent. Then, after the approval of the research by the Ethics Committee, eight pre-scheduled visits to the institution were taken, in order to get closer to the context in which the young people were inserted. In such a way to participate in the most varied activities that they had in the routine.

Young people seek service spontaneously and are encouraged to attend the briefing, which takes place on Wednesdays at 3:00 p.m. After this meeting, there is the screening, performed by the social worker and from there the person is sent to stay in the outpatient clinic, or in the nucleus of hospitalization. At the outpatient clinic, participants are at least ten years old and are of both sexes, may be people in the community who are chemically dependent, or former hospitalized. The chemical dependent participates in individual and group visits in the areas: Psychological (Psychotherapy), Social Work, Occupational Therapy and Christian Orientation. The person is also offered to take the tests for elementary and middle school.

In the internment nucleus, the same individual and group services are offered, and in addition, there is labor therapy, sports and leisure, productive workshops, family visits and visits of inpatients to their home, which are scheduled. The family is also involved in the treatment process and works in the family group called Nar Anon group, and in family care. This nucleus is exclusive for men over 16 years old, who remain for a period of seven months, and can extend it for up to nine months through evaluation of the technical team.

In this nucleus, in addition to the objectives of detoxification and resocialization, each inpatient needs a social commitment, they must live in community, they need to value ethics, democratic practice and collective construction, which have been greatly harmed by the abuse of psychoactive substances. The inpatients have a routine of activities from six in the morning until 10 pm, time to retire. The treatment plan is based on five areas: physical, mental, cognitive, spiritual and social. Thus, they receive five meals a day, carry out housekeeping activities, participate in evening cults, orientations of the various professional areas already mentioned and are protagonists of their own treatment.

Description of the educational action - The Circle of Culture

The first Circle had the objective of learning the vocabulary universe of the participants, for which trigger words related to drugs and vulnerability were used, which subsidized the future programming of educational actions according to the reality of the participants of this study. They were receptive and anxious for the first meeting, especially the hospitalization group, since they would not be able leave the institution during the treatment for a long period.

Because it was a group of young people who were treated in the same institution, but in different modalities, such as outpatient and hospitalization, the reception began with a dynamic presentation. In this first moment, each young person filled out a form, which contained the following information: name, surname, age, marital status, a sport, a leisure, a quality and a defect. After completing this form, all forms were attached and each person was asked to draw one form and introduce the other colleague.

Next, a card, pencils and brushes were given to all the young people, and they were asked to write the following: a motive that led it to use drugs. Then they kept on talking and attached the card to the big board. This board was divided into four parts throughout the Circle. The first was this, the motives that led them to use drugs.

At the moment of talking about their motives, the activity began with U5, who promptly offered to start. His account was turned to bad friendships, according to the speech: "the influence of the friendship that made me start using drugs". The young U4 also mentioned friendships as the main reason: "friends offered me at parties, I liked it and used it until before I came to the hospital". This was also repeated in the speeches of U6 and U7. The latter added that his friends called him to drink and then offered him cocaine, promising that it would eliminate the alcohol effect, so that when he got home, his mother would not realize that he had drank.

This reality was observed in a study with 175 adolescents, which showed that having friends who consume some type of drug increased the possibility of the adolescent to use it.⁹ Friends who are drug users are a factor that predisposes adolescents to substance abuse, that is, the first contact with drugs occurs mainly because adolescents have friends who use drugs, resulting in group pressure in the direction of use.¹⁰

A risk factor for drug use quite characteristic of adolescence is curiosity: "I started using drugs because of my curiosity", "I wanted to know what it was" (U3). "90% of the young people use it out of curiosity to know how the drugs feel, because they see their colleagues using it and find it cool" (U5). For U2, he lacked plans for the future with the money he earned: "I didn't have much to do with the money, so I decided to buy drugs"

The speeches cited above are found in a study that worked with adolescents and found that the young person experiences drugs as a result of misinformation;

curiosity; dissatisfaction with life (lack of plans); insecurity; depersonalization; frustrations and easy access.¹⁰

In the second part of the table, participants were asked to verbally list various reasons why young people use drugs. The influence of friends was listed by everyone, being represented by the speech: "friends that use them and make you use too, and I had cousins who used them" (U3). Another young man mentioned his parents: "a lot of people have parents who use them, especially the father, the father who drinks, but today the young people do not just want to drink, they want to use drugs too" (U5).

Alcohol was cited, but in U6's view: "alcohol is a gateway to drug use". That is, for them, alcohol was not a very dangerous drug, in fact because none of them were in the institution for alcoholism treatment.

Sadness and depression, too, were reported as motifs. Another point was the use of drugs to "get" to the girls, according to the testimony: "I used them to create the courage to come on to girls, to lose the shyness" (U7). The courage to dance was also reported by them as the reason why the young people used drugs: "the drunk guy dances any step and any music" (U5). Only U6 reported that they used drugs to relax and feel "flying," and felt that other extremely stressed people used drugs for that same purpose.

The findings converge with a study carried out with relatives of teenage users of crack/cocaine, which comments that the family perceives the use of this psychoactive substance associated with the influence of friends who use the drug, but does not mention family members who use drugs, and believe that drug use by young people may occur due to lack of limits and/or excess of freedom by their family members.¹¹ Another author, in his study, reports higher drug use among adolescents, when either parent consumes drugs, or if the adolescent argues too much with its parents.⁹

In the same context, a research carried out through the analyses of medical records which aimed to know the initial motive of drug use, showed that the use of adolescents is due to curiosity (6.2%), influence of friends (20.6%) and other reasons (6.2%), among them, family conflicts and easy access to drugs.¹² Despite the spreading of the harm caused by drugs, they continue to stimulate people's interest, for being used with the intention of promoting fun and socialization, and can bring devastating damages to the lives of the users.¹³

After explaining the reasons why the adolescents in the study and the young people in general use drugs, the third part of the picture had been reached, in which they reported other resources that could be used by them to reach the same objectives and not to use drugs again. And, this way, U5 stated: "to come on to girls, we can train before in front of the mirror"; U1 completed: "one must have attitude"; "to dance, it is important to enter a dance class" (U4). They also talked about yoga and going to the beach to watch the sunset, as means to help them relax, and said that clouds can be reached with passion.

For the learning of the vocabulary universe of young people living with drugs, an activity was proposed, in which each young person was asked to construct a drawing that answered the following question: what were the sensations or effects they felt when they were using drugs? With the accomplishment of this strategy, the fourth and last part of the big board, that is represented in Photograph 1, was set up.

As the circle unfolded, there was a greater interaction between the researcher and the adolescents, who as a facilitator of the Circle of Culture marked each moment with joy and hope. For Freire, there is a relation between the joy necessary for educational activity and hope. The hope that the teacher and the student can learn, teach, and become restless together.

The realization of the design activity allowed for greater integration among the group, strengthening feelings of cooperation. Some adolescents spontaneously demonstrated the difficulties in not knowing how to start, but with support, all managed to draw something that showed singularity within the group.

At the end of the stipulated time for the activity, each adolescent presented and attached its drawing on a large panel constructed with sheets of wood paper, completing the panel with everything that was discussed in that Circle and the final result of this strategy was the elaboration of the panel entitled: Knowing the lives of young people with drugs.

Photography 1 - Knowing the lives of young people with drugs*



*Constructed from the four moments of activities that were proposed to the group, aiming to know the vocabulary universe of the participants of the Circle of Culture.

The construction of this large four-part panel was the way to better interact with the participants and to interconnect the thoughts, for in the first moment the subjects discussed were the reasons why the participants used drugs, then why the other young people use drugs, and then what other resources could be used by them to achieve the same goals, and finally the design of the sensations or effects that the drugs caused them.

In the created drawings, the young people chose to faithfully portray their sensations as drug users. At the moment of exposure and narration of the drawings, the first teenager expressed: "here is the straw, and here is the cocaine, when I smelled, I was 'crazy'" (U7). Another teen participant in the circle reported while listening to the description of U7's drawing: "yes doctor, one has to laugh in order not to cry" (U5).

That's how U4 described his drawing: "this was me, I stayed at home just looking at the street lights, "high". On the other hand, that's how U3 described his drawing: "because I lived on the beach, when I went to parties in nightclubs and used cocaine and ecstasy, I kept seeing waves, fishes, things flashing all the time". U5 reported impatience with his family when he was under the influence of drugs.

U6, in his drawing, reported the will to use always more and that sometimes he saw shadows. U2, always very shy, liked to be last in the presentations, and when he described his drawing, he reported it: "my feeling was of death, I smoked a rock and then I wanted to kill myself".

All these reports from the youngsters of this study corroborate with what the literature points out about the effects of drugs on the body. Thus, based on studies of the main signs and symptoms of cocaine/crack use, it was observed that the initial phase of euphoria, the most desired by the users, has the following characteristics: increased waking state, feeling good and self-confidence, euphoria, symptoms that characterize the state of excitement called high; increased alertness and concentration, accelerated thinking, increased libido and sexual pleasure.¹⁵

This phase is replaced by another, characterized by dysphoria, a state of depressive nature, which sets in suddenly and of which the essence is irritability and affective lability ("lack of patience"). With the progressive increase of consumption, secondary to cycles of euphoria and dysphoria, transient paranoid symptoms appear (third phase), such as suspicion and persecuteness.¹⁵

The most reported psychiatric conditions are personality disorders, depressive and anxious states, mood instability, delusions and hallucinations. Mental states quite pronounced by the adolescents of the study. As for hunger, sleep and sex, the use of crack can reduce appetite, causing weight loss, insomnia, and with the continued use of the drug the interest and sexual potency decrease. Hygiene habits can also be compromised.²

After the first conversation with the adolescents about the drawings, they were asked why they only drew and narrated bad feelings if the drugs had been so 'good', while currently they were actually being treated for addiction. After some discussion, they came to the conclusion that the first drawings were the vision they had today, but when they started using drugs they felt like this: joyful, eager to do everything, stimulated, courageous, feeling good and finding themselves "the men".

One can notice that the drug gains the place of the element of sociability of this population. Often, due to the user's weakened view of themselves and the lack of perspective of insertion in other contexts, thus strengthening the user groups of the substance.

So from these new speeches it was suggested that they made other drawings based on this new view of what had been asked of them. At this point, they began to sing nightclub songs, remembering the beginning of drug use. Their drawings portrayed very well the "good" feelings that made them dependent: "I had a lot of attitude after using cocaine, I came on to the girls and it really happened" (U7); "I felt like the king and nothing could stop me" (U5); "I saw a lot of women in bikinis on the beach, all just mirages" (U4); "I was more than willing to talk to my girlfriend when I used drugs" (U6)

The sensations previously reported by young people refer mainly to the use of crack, but users of this drugs are usually polyusers, they not only started with other drugs and but also maintain the use of other concomitant psychoactive substances.¹⁵

Based on the logbook notes, it was observed that adherence and continuity of treatment in the therapeutic community are related to the following factors: the user's own life-changing decision, since health, social and family conditions were quite impaired; support from close family members (mother, father, siblings, children and spouse), and belief in religion as a way to overcome difficulties during treatment.

As a facilitator of the group and through the framework built by the young people, their active participation was perceived, revealing a reality surrounded by vulnerability to drugs. It was also sought to promote an environment of freedom, giving young people the feeling of joy in being part of the activities.

At the time of the evaluation of the meeting, they realized the importance of getting to know each other, mainly because they were joining two different treatment groups, but with the same objective, and recognized the need to share what happened and what they learned at that moment with the other colleagues hospitalized. In addition, the Circle provoked in the youth a reflection on the various factors that surround this issue of drugs, as well as an awareness of the real situation experienced in the community.

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The health professional finds an environment interested in the training of citizens and a flexible educational space in the therapeutic community, because, in Paulo Freire's

proposal, it becomes imperative to respect the prior knowledge of the people to follow together in the elaboration of knowledge based on a collective discussion, from which everyone can participate.

CONCLUSION

Users participating in the Circles of Culture have uncovered psychic and social aspects that cross their histories of substance use and converge when they put the drug superimposed on social isolation, situations of suffering, low self-esteem or as an escape from a lifestyle, a socioeconomic level.

The results of the study indicate that the friends, family and the curiosity of these young people were the main risk factors for them to try the drugs, understanding that the individual is inserted in a large context that contains protection and risk factors at the same time, and thus one cannot justify the cause based in only in one factor, reinforcing what literature has been publishing on the subject.

It is important to point out that the view they had about the sensations or effects of drugs, when they were requested to draw, was the current point of view of people that were in a unit for addiction treatment, but that at the beginning of the drug use, it only brought good and pleasant sensations

Thus the identification of the previous knowledge, expectations and experiences of young drug users in this first Circle was necessary to establish greater proximity to the young people and to discover the themes that would be worked on in the next meetings that would meet the interests and needs of the group.

It was evidenced that the use of play activity as the drawings, facilitated the process of development of critical thinking, and favored an expanded view of the reality in which they were inserted.

In this context, it is necessary for health professionals to approach the reality of young people, in order to visualize creative and active strategies throughout the teaching-learning process, which allow the subjects to reflect on the search for solutions to the problem-situations experienced in an interactive way, reducing the factors of vulnerability and increasing the protection factors.

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Received on: 07/06/2016

Reviews required: No

Approved on: 10/10/2016

Published on: 10/07/2017

Author responsible for correspondence:

Agnes Caroline Souza Pinto
Rua Alexandre Baraúna, 1115
Rodolfo Teófilo. Fortaleza/CE
ZIP-code: 60.430-160
Telephone: (85) 3878 6326.